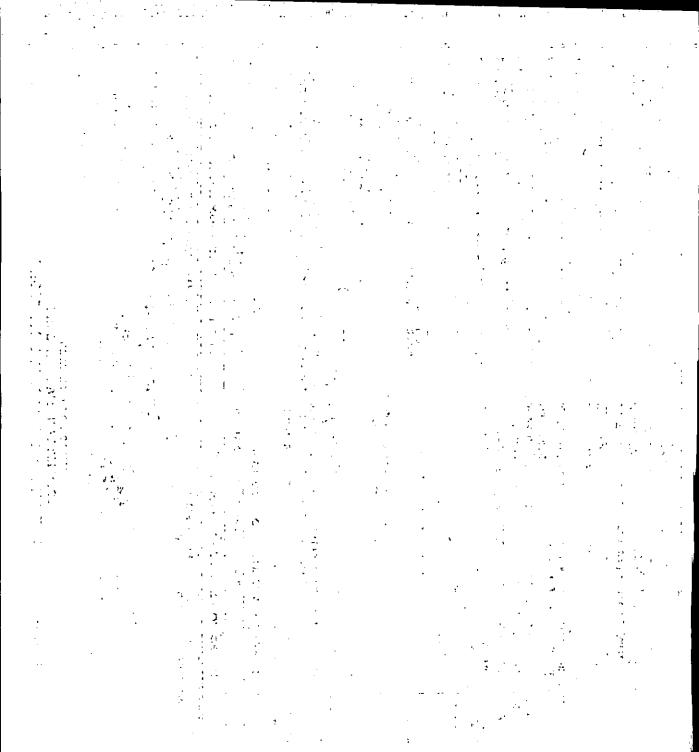
MISSOURI STATE BOARD OF HEALTH Do not use this space. ROE SHOULD BE STREET EXACTLY. PHYSICIANS should state issified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... County..... Primary Registration District No Registered No. Township .... City..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign/birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ...., 19....., 19....., 19....., 19......, 19..... (OR) WIFE OF Sto have occurred on the date stated above, at D. m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE MONTHS If LESS than 1 day, ......brs. Date of cuse or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc........... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of importance: year)..... occupation...... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) ... What test confirmed diagnosis? ... Was there an autopsy? (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury 18. BURIAL, CREMATION. Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify...... (ADDRESS) (Signed)..... (Address) .... , (A Registrar.



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED **BUREAU OF VITAL STATISTICS** FOR MUST BE WRITTEN ON CERTIFICATE OF DEATH THIS SUPPLEMENTARY. EXACTLY. PHYSICIANS should a ent of OCCUPATION is very impor 1. PLACE OF DEATH County Registration District No..... Primary Registration District No. 100 Registered No. 6079 2. FULL NAME..... (If nonresident, give city or town and State) G Length of residence in city or town where death occurred How long in U.S., if of foreign birth? yrs. MQ5. mos. ь PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE | 5, SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) stated ... stateme DIVORCED (write the word) I HEREBY CERTIFY That I attended deceased from ⋖ 5A. IF MARRIED, WIDOWED, OR DIVORCED should be HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE MONTHS DAYS If LESS than 1 day. .....hrs. or ......mln. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and year)..... occupation.. ᅙ Ver A 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation. What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Poz Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. SHALL 17. INFORMANT.... (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury.... DATE 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER (ADDRESS). 37 1333 661 Registrar.

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